STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	0 /

76293 DEC 28	87-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYGICATE OF DEATH	IENE REG. N	5 4	0	6
		CEASED NAME	FIRST		MIDDLE	L.	ast	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
nay be page 3	(1162		arry		н.	Ber	man	1	55	87	0235 M
4 may lor. pag after de	3. SE		- V	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
etor soft	M	ale		White		11	18" 1887	100	YRS	IHS DAYS	HOURS MIN.
A 8200		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY C		DEATH	
1 VIE /		nnsylvania		USA		WIDOWE	NEVER MARRIED DIVORCED	Calvert	,		MD.
1831		TY OR TOWN OF DEA		11. NAME OF		IG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	OF BUSINESS OR
in by the filed		. Frederic		Calve	rt Memori	lal Ho	spital	Salesman			Estate
24 July 24	13a. S	AL RESIDENCE (# NURS STATE ryland	13b. COUN	ITY	131. CITY OR TOW Lusby	(N	13d INSIDE CITY LIMITS? YES NO	Box 57A, I	filltop	Rd. 2	20657
d within		THER'S NAME EIRST Ilip Berma	n	MIDDLE	LAST		Rose Smith	ME		LAS	51
and comp		VAS DECEASED EVER			166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRI	ESS		
on and c	No	res, no or unknown)	N /	A WAR OR DATES)	707-10-2	2094	Ruth E. Dunl	op, Same as	#13 A-		
physici onpaper emaval:		18. CAUSE OF DEAT PART I. DEATH W		E CAUSE (o)	- Ce spi	rave	y Fail	me		BETWEEN 3	ONSET AND DEATH
equires that the death ce n signed by the attending Then please remave carb to burial, cremotion, or r injury, or ather traumatic		Conditions, if any, gove rise to imm couse (a), statin underlying couse	nediate g the	(b)_	R AS A CONSEQU	GNA	NCY LEI	= T Lu	NG	5 '	minles
NG PHYSICIAN. The law requires that the death certificate be executed within 24 haurs or attending physician. Inter this certification by the attending physician and campletely fitled in by as the buricid-strains permit. Then please remove carbon papers. Pages and specification that and Mental Hygiene prior to burial, cremation, or removal. The national strains are prior to burial, cremation, or removal.	Z	PART 2. OTHER SIGN	VIFICANT C	CHR			ANIC B	INAL DISEASE OR CON	DITION GIVEN	INPART LI	Jahy ant
nos been permit.	CERTIFICATION	190. DATE OF OPERA	TION			0.4	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	NG CAUSES	
physici trificote I-tromsi ol Hyg		216. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	HOUR A		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	1 OR PART 2)	
trendir trendir the bu and M	MEDICAL	23d. INJURY OCCUR!	RED	21e PLACE	OF INJURY REET FACTORY, OFFICE.		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
pital or TOR: Affor use of Health		220.1 certify that (1) saw the decease abave, (1) (we) (c	ed plive on	121	22/19	87.00	d that in (my) (our) opinion	to A death accurred on the d	ote and hour ar		that (I) (we) last
rat OR AT y the hosp At DIRECT detoched to ote Dept. or		276. SIGNATURE	mu	ensh		0	PHISICIAN	MEDICAL STA DIRECTOR PHYSH	FF CIAN 🔲	12 DATE	SIGNED 2215
TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be detached with the Store Dept.		ANW A	_		USHI.	m.)	PRINCE F	FREDERI	CK	m.	D 20678
75 -23 -	23e E	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	c	OUNTY	STATE
BP	_	rial		12-24	-1987 R	ock Gr	eek Cemetery	Washingto	n. D.C.		
DHMH - 16 50M 1/B1	24. FL	JNERAL DIRECTOR	Don	ald V.	Borgwardi		25e. DAT	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	TURE
(VRA 15, 4)	Rt	. 264, Box	34B.	Port R	epublic,	Maryl	and 20676 UE	2 4 1987	The same	SELECIAN.	1 Company

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IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medical

FOR - STATE

STATE OF MARYLAND

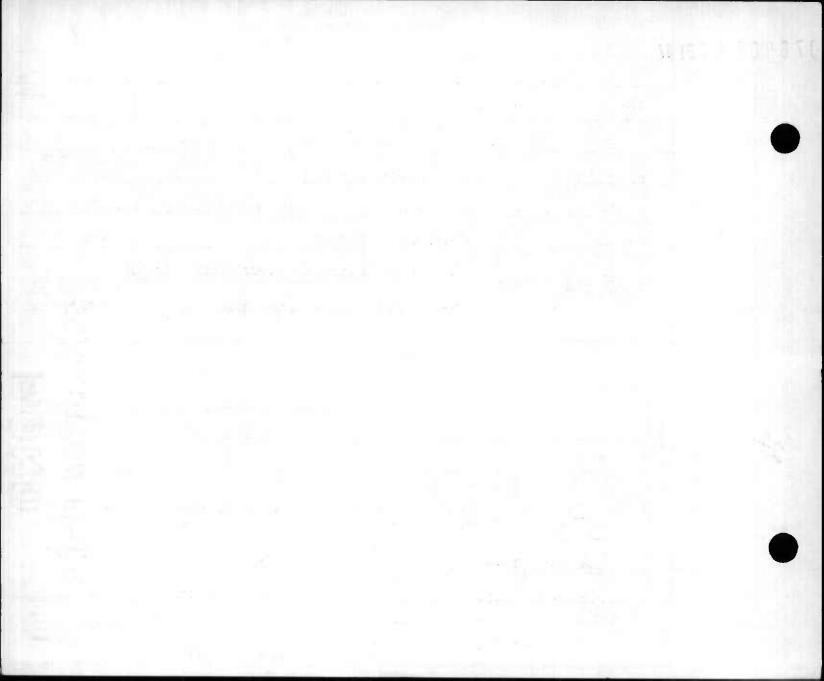
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

REG. N	10.5	4	0	7
DEATH	MONTH	DAY	YEAR	21

87	REGISTRAR			CERTII	ICAIL OI D	LATH G	REG. N	10.		- 59	
	ECEASED NAME	FIRST	MIDDLE		AST		20. DATE OF DEATH	HINOM	DAY YEAR	2b H	HOUR
(14)		Raymond	E.	Cr	anford			12	26 87		45 P M
3. St		4. RACE		5 DATE C		MEAD	6. AGE (IN YEARS LAST BI	RTHDAY	MONTHS DAY		NDER 24 HRS
	Male	Whit	e	MONTH 9	13	YEAR 12	75	YRS	5		K3 WIN.
Je: 8	SIRTHPLACE (STATE ORF	OREIGN 7b. CITIZEN	OF WHAT COU	NTRY? 8.	D NEVER M	ADDIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH		
	MD	USA		WIDOW	D DN	ORCED [Calver			0.5.0.15	MD.
10. 0	TITY OR TOWN OF DEA		OF HOSPITAL, N I SUCH FACILITY, GIV	URSING HOME (E STREET ADDRESS)	OR OTHER INST	ITUTION	120 USUAL OCCUPAT	OF WORKING	STHE INDUSTI	RY.	SINESS OR
	Pr. Freder		lvert M		<u>Hospita</u>		Draftsman	n	Reta	all I	Lumber
	JAL RESIDENCE (IF NURS STATE MD	136 COUNTY Calvert	13c. CITY O		13d. INSIDE CI	TY LIMITS?	13. STREET ADDRESS 2520 Plum		Rd./206	539	
14, F	ATHER'S NAME	MIDDLE	14	(Sf		MAIDEN NAM	AE MIDDLE			LAST	
U	Charles	WIDDE	Cranf		Mary	· IRST	MIDDLE		Esse		
16a.	WAS DECEASED EVER			L SECURITY NO.	17 INFORMAL	VĪ	ADDR	ESS			
	(YES, NO OR UNKNOWN)	IN YES, GIVE WAR OR DATE	212	16 4955	Virgin	ia B. (Cranford	(sam	ie)		
	III. CAUSE OF DEAT	H (Enter only one couse	per line for (0),	(b), and (c).)					BETWE	OXIMATE I	INTERVAL AND DEATH
	PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (o	Dece		PAIDIAG	INFAR	CTIAN		48	ho	URC
			O, OR AS A CON	ISEQUENCE OF							
	Conditions, if ony,)								
1	couse (o), statin	g the DUE TO	OR AS A CON	ISEQUENCE OF							
1	underlying couse	lost									
	PART 2 OTHER SIGN	NIFICANT CONDITION	SCONTRIBUTIN	IG TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR COM	VDITION C	SIVEN IN PART	100	
CERTIFICATION											
18	19a DATE OF OPERA	TION 196 CC	NDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	20g AUTOPSY?		YES, WERE FIN		
Ĕ							YES NO		YES [D
1 2	210. ACCIDENT WAS UND		E OF INJURY		21c HOW IN.	JURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM T	IS PART I OR PART	2)	
	OR CONTRIBUTING	AUSE OF DEATH	P.M.	TH DAY YEAR							
MEDICAL	(IF EITHER NOTIFY MEDI		CE OF INJURY	19	211 LOCATIO	N				32.5	-
ME	WHILE NOT WH	INE (AT HOM		OFFICE, FARM, ETC.)	STREET		CITY OR I	OWN	COUNTY		STATE
	AT WORK AT WO		4 4	from 12	2.5	19 57	12/26		19. 37	41-4	(I) (we) lost
	sow the december	this hospital) attende	The deceased				death occurred on the			- (
	Obdec III New Vo	fid did not view the b	ady after death		DEGREE					ATE SIGN	
	ZZE. SIGNATURE	6		M		TTENDING	MEDICAL STA	AFF		27/8	
1	(Sh	my X		1,	F	HYSICIAN X	DIRECTOR PHYS	ICIAN 🗌	1~1.	2110	/ -
Н	224 PHYSICIAN'S NA	AME (TYPE OR PRINT)			22e ADDRES	5					
	Charles	Judge M I	1.		Pr. F	rederi	ck. Maryla	nd			
23q	BURIAL CREMATION	REMOVAL 236 DATE	Tanana and and an	230 NAME OF	EMETERY OR C	REMATORY	23d LOCATION		COUNTY		STATE
	(SPECIFY) Burial		2-29-87	Emmanue	el UM Ch	nurch	Huntingt	own	Calver	t	MD
24	FUNERAL DIRECTOR	ucch EU O	rimera :	fo		25a DATE	E REC'D, BY REGISTRA	R 25b. REG			Jakes .
	NAME ING	usch fri U	vings, 4	19ss 20736)	DEC	3 1 1987	سند ن	in discounty	L. Caret	
4						40	- 1 Total - 1				

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

- STATE		CERTI	FICATE OF DEATH	S / REG. NO.	d a
DECEASED NAME FIR	nard E. Duj		LAST	December 28, 1	987 11:19 mm
3. SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	White	Octo	ber 18, 1909	78 YRS	
70. BIRTHPLACE STATE OR FOREIC Alabama	76 CITIZEN OF	WHAT COUNTRY? 8 MARRII	ED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
Pr. Frederick	(IF NOT IN SUC	HOSPITAL, NURSING HOME HEACHLITY, GIVE STREET ADDRESS) Memorial Hos		120 USUAL OCCUPATION (119E OF WORK FOR MOST OF WORKING L Marine Engineer	
	ome or other institution COUNTY Livert	GIVE RESIDENCE BEFORE ADMISSION I 136. CITY OR TOWN Pr. Frederick	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COO 4560 Dares Beac	
William Henry	Dupree	LAST	Mattie Lou	MIDDLE	1A51
160 WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECURITY NO. 577-07-9082	Ida C. Dupr	ee, Same as #13	A-E
18 CAUSE OF DEATH (ER PART I. DEATH WAS C			HONARY A	RAST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, who gove rise to immedia couse (D1), stofing to underlying couse la	ich (b)_	R AS A CONSEQUENCE OF PREVIOUS	IC SHOCK		
NO RH	FUMATO ID	ARTHRITII		MINAL DISEASE OR CONDITION G	
4 190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 206 IF YE	ES, WERE FINDINGS USED

ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE

220 1 certify that (I) (this haspital) attended the deceased for the deceased alive on 12/28 sow the deceased alive on 12/08 obove, (I) (we) (did Adid not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL Wesley Meth. Cemetery Prince Frederick, Burial 12-31-1987

NERAL DIRECTOR Donald V. Borgwardt 264, Box 34B, Port Republic, Maryland 20676 24 FUNERAL DIRECTOR

Calvert.

DHMH - 16 60M 7/84 (VRA 15, 4)

MEDICAL

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MPORTANT

December 25, 1987		rend . Imple:	
03 - 25 - 25 - 25 - 25 - 25 - 25 - 25 - 2	171 H. ST.		
F 19, 1909 - 78 E E E E E E	N Detriue	stial	ofu
Travial design		484	lamin
end .neam grounding odlass \ let	track (atrone	Jevilel i	ofesteri .
A 00 Ondos Londil somi, 2017	islaming: 1.	Cypylat	N hariya
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enovial autoreor control of the cont	JACKET IN	12-31-15 20 12-31 38, 20 12-36	

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

		STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N		4 0	7
		OR PRINT)	FIRST		AIDDLE HI	MERSOI	AST V	20. DATE OF DEATH	12/6/8	B7	26 HOUR 1355p M
	3. SEX	M	(122222	4. RACE		5. DATE C		6. AGE (IN YEARS LAST 8	RTHDAY)	IF UNDER I YEAR	- 141
5	(RTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY	OF DEATH	MD
7	10 ci PRI	NCE FRE	DERICK	CALVERT	MEMORIA	ADDRESS) L HOSI	PITAL	170. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST			OF BUSINESS OR
5	130. S Ma	AL RESIDENCE (PETATE ATYLAND THER'S NAME	136. COU		GIVE RESIDENCE BEFORE 131. CITY OR TOW Owings		13d. INSIDE CITY LIMITS? YES NO 1	Box 81 Sk	Inners	Turn R	d. 20736
1		Willia		WIDOLE	Emerson		Victoria	MIDDLE		Jones	ST
		VAS DECEASED VES, NO OR UNKNOW		MED FORCES? /E WAR OR DATES]	218-12-		Svlvia A. Bo	7885 oth Owing	Mt. H	armony	Lane
	ION	PART 2 OTHER	immediate stating the couse last.	DUE TO, OI	- , hy r	ENCE OF DEATH BUT	NOT RELATED TO THE TERM				
1	CERTIFICATION	190 DATE OF O	PERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDI FYING CAUSES ES	NGS USED S OF DEATH? NO
7	MEDICAL CER	(IF EITHER NOTIF	CAUSE OF DE	P.i	M. MONTH DA	19	216. HOW INJURY OCCUR 211. LOCATION STREET	RED {ENTER NATURE OF INJ		COUNTY	STATE
		22a I certify th		ital) attended the	deceased from	81,0	nd that in (my) (our) opinion	death occurred on the	dote and hou	19 01	tho (1) (we) lost
1		226. SIGNATUR 226. PHYSICIAN	T'S NAME (TYPE	OR PRINT)			ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL ST.	AFF ICIAN 🗌	12-6	signed
	24 FU	BURIAL, CREMAT SPECHY) Buri UNERAL DIRECTO NAME	a1 OR	Dec. 1	1-87 Mt	Hop	· D ·	23d LOCATION CITY OR TOWN Sunder1: TE RECD. BY REGISTRA	R 256 REGIST	county alvert TRAR'S SIGNA	STATE Md.
	Sp	encer E.	Sewell	rrin	ce Freder	ICK,	rid [[16 1987	P		

THE CASE OF THE PARTY OF THE PA

STATE OF MARYLAND

			It	em 18a,20,21a22	a, G635 1-1	18-88 dw	STATE OF	MARYLAND				
			11-	FOR per med e	xam			H AND MENTAL		75	411	
7	C L	00 000		REGISTRAR			EXAMINER'S	CERTIFICATE (DEATH	REG NO.		
1	0 4	100 DEC	JUD	ASED NAME	IRŠT	WIDDLE		LAST	2a DAT	ESTI- X	MONTH DAY YE	EAR 25 HOUR
		URS LEES.	2.00	V 14.0.05	Gene		ristopher	Hensley		TH MATED [12-10-87	
		SECEN	3 SE		5 DATE OF	DAY YEAR		NINS DAYS HOURS	MIN PRONC	TE UNCED	MONTH DAY Y	2d HOUR
		ARY VOU TON TON	Ma	le Caucas		14, 1987	YRS.			AD 12-		3/ AM
		S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. DWITHIN 72 HOURS W PRESION STREET,	M	aryland		S.A.	MA	RRIED NEVER MARE	RIED 📋	alvert Co	COUNTY OF DEAT	MD
		A HOLL	1	Ort Down of DEATH	(IF NOT IN	SUCH FACILITY, GIVE	DRSING HOME, OR COSTREET ADDRESS) ZETY, KENWOO		120 USUAL OC	CUPATION (TYPE OF	F WORK TIE KIND O	OF BUSINESS OUSTRY
		Y DEL	USU	Ort Republic	HOME OR OTHER INSTITUT	TION, GIVE RESIDENCE	E BEFORE ADMISSION)				n/a	
	. 21201	L		,	Calvert	Por	t Republic	110		nd Ave.	2067	16
	RE, MD.	FATH.	A P	ATHER'S NAME FIRST	MIDDLE		LAST	15 MOTHER'S MAID	DEN NAME	MIDDLE	LAST	
	RE,	PW PW	4	Jimmy		Sm	ith, Jr.	Hazel	1	. Hens	ley	
1	MI.	A SESTINAL		WAS DECEASED EVER IN U	.S. ARMED FORCES ES, GIVE WAR OR DATES)	? 166 50	CIAL SECURITY NO.	Hazel L.	Hultman	Same as	13 a-e	
1	3	ソベ 石田 モニノ		no		n	one					
	4	NA WAR		18 CAUSE OF DEATH (E PART I DEATH WAS	nter anly ane cause p						BETWEEN	ONSET AND DEATH
	10	A 24 HO N ITEM ALONG IT PERM YGIENE OVAL			MEDIATE CAUSE (a).	-	en Infant De	ath Syndrome				
	EST	NA SEC		Canditions, if any,		O, OR AS A CO	NSEQUENCE OF				N= 150	
	2	WITHIN NCE IN AINER A IRANSII VIAL HY SE REMC		gave rise to imm	ediate (b).			STATE OF THE PARTY		100		
	20	A 8 5 1 11 V	- 10	cause (a) stating the lying cause last	under- DUE I	O, OR AS A CO	NSEOUENCE OF				100	
	6.2	12 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	164	BARY S OTHER CICHICICANT COM	(c)							
	DIVISION OF VITAL RECORDS.	INER: THIS CERTIFICATE SHOULD BE EXECUTED INTO THE WORD "PENGING IN FORWARDED TO THE CHIEF MEDICALENTOR: PAGE 3 SHOULD BE USED AS A BURNATHE STATE DEPARTMENT OF HEALTH AND AND, 21201 PRIOR TO BURNAT, CREMATION	Z	PART 2 OTHER SIGNIFICANT CON	DILIONS CONTRIBUTING TO	J DEATH BUT NOT REL	ATED TO THE TERMINAL OIS	ASE OR CONDITION GIVEN IN P	ART 1 (a)			
	REC	MEAL CR	CERTIFICATION	19a. DATE OF OPERATIO	N 119b C	ONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20 AUTO	PSY2
	TAL	SHOULD ORD "PE CHIEF A TE USED TO TOF HE	\ F								YES	
	F	WO WE WO	EN L	210. EXTERNAL CAUSE W		IME OF INJURY	210	HOW INJURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM 18 PAR		K) NO []
	2	A H CONTRACTOR	3 4	UNDERLYING OR CONTRIBUTING CAU		JR A.M. MONTH P.M.	DAY YEAR					
	ISIC	SHO THE	MEDICAL	21d INJURY OCCURRED	21e P	LACE OF INJUR	(AT HOME. 21f.	OCATION				
	Ş	WRIT WARDE VARDE VAGE 3 TATE D	Σ	WHILE NOT WHI	LE STRE	EET, FACTORY, FARM,	ETC.)	STREET	CITY OR	TOWN	COUNTY	STATE
		RETH RW/ RW/ STA STA				1		apsy X Inspection	П.			
		AND STATE		228. I certify that I tool death resulted from:	/AAG	Accident					п ту аріпіоп	
		RECOMMEND BE		ded in resolved from:	Natural causes	Accident	L, Suicide L	TITLE (SPECIFY)	Undetermined	manner [,		
		W. Y. D. C.		ACTUAL SIGNATURE	he !	Alle		M.D. Assistan	t_MEDICAL EX	AAAINIED	DATE SIGNED 12-10	0-87
		SEAT SEAT	円			1		M.D. 1155_5541	MEDICALEX	AMINER	SIGNED	
		MEDI CUTE SE 4 FUN FUN FINO	1	(TYPE OR PRINT)	Charles P	. Kokes	M.D.	ADDRESS 111 P	enn Stre	et, Baltin	more, MD 2	1201
		TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH SPACE A SHOUND BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a E	BURIAL, CREMATION, REMO			NAME OF CEMETERY		23d. LOCATION		COUNTY	STATE
0	7/84	BP 946		Burial	12/11/	/87 Ch	rist Churc	h		epublic,	Calvert.	Md.
2	5M	DHMH - 17	24 1	UNERAL DIRECTOR	F. BEUL	ADDRESS		250. DATE	REC'D. BY REGIST	RAR 256 REGIST	RAR'S SIGNATURE	
		(VR A15 ME (5))	Be	11 Funeral S	ervice, Pr	rince Fr	ederick, l	Ma. DEC	28 1987	Alin Da	ordern-Roadas	ea.

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ort envolic, clyer, A.

bil superal service, Prince rederic , bd.

equires that the death certificate be executed within

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burnal training permit. Then please remove corbanopers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mernal Hyberte prior to burnal, cremotion, or removal.

injury, or other troumatic event, the medical exam

IMPORTANT: If Item 21 is marked or Item 18 thousany

retoined by the hospital or attending altrales TO HOSPITAL OR ATTENDING PHYSICIAN

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deoth. Page 4 may be

STATE OF MARYLAND

FOR 1 - STATE		DEP		EALTH AND MENTAL HYG	IENE	(4)	41	2
REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	5.	7	
TYPE OR PRINT	FIRST	MIDDLE	l	AST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
	arroll	L.	Joh	nson Sr.		16	25 87	11.10 AM
3. SEX	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.
Male	Whi	-	8	1 10	77	YRS.		
BIRTHPLACE (STATE OR FOR	FIGN 76 CITIZEN O	WHAT COUN	TRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
MD	US		WIDOWE	DIVORCED	Calvert			MD
10 CITY OR TOWN OF DEATH		HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCUPATE ITYPE OF WORK FOR MOST O	F WORKING LH	E) INDUSTRY	OF BUSINESS OR
Prince Freder:			morial H	ospital	Engineer(C	rdina	nce)	US Navy
USUAL RESIDENCE (IF NURSING 130, STATE MD	s HOME OR OTHER INSTITUTION B. COUNTY Calvert	13c. CITY OR		13d. INSIDE CITY LIMITS? YES NO	3800 27th	St/20	732	
14-FATHER'S NAME	I III III			15. MOTHER'S MAIDEN NA				,.
Leroy	MIDDLE	ohnson	SI .	Anne	MIDDLE		Korr	ë11
160 WAS DECEASED EVER IN		16b SOCIAL	SECURITY NO.	17. INFORMANT	890 ⁴⁰ Gr	11ant	Fox L	n
(YES, NO OR UNKNOWN)	n/a	215 4	4 3033	Robert B. Joh	nson Davids	onvil	le, MD	21035
	diote the lost (c)	1701	SEOUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV		monthy
190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	DN 196. CON	DITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE	
THE ACCIDENT WAS UNDER OR CONTRIBUTING AND A STREET OR CONTRIBUTING AND A STREET OR CONTRIBUTION AS A STREET OR CONTRIBUTION AND A STREET OR CONTRIBUTION AS A STREET OR C	USE OF DEATH LEXAMINER) 21e. PLAC	P.M. E OF INJURY	H DAY YEAR 19 DEFICE, FARM, ETC.	21c. HOW INJURY OCCURI 211 LOCATION STREET	CITY OP TO	RY IN ITEM 18.	COUNTY	STATE
220. I certify that (1) (1) sow the deceased obove, (1) (we) Jaic 22b. SIGNATURE	olive on 12 () (did not) view the box	-	2.7	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 2 22e ADDRESS			22c DAT	that (II (we) lost e couses stated E SIGNED
230. BURIAL, CREMATION, RI (SPECIFY) Burial	236. DATE 12-29	-87		n Mem. Gardens	23d LOCATION DÜNKIRK	Ca	alvert	MDAte

DHMH - 16 60M 7/84 (VRA 15, 4)

24 ENERAL DIRECTOR 7 H. Owing DORES MY

DEC 3 1 1987

3

director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

4		4
	YEAR	26 HOUR

21		REGISTRAR				CERTIF	ICATE OF DEATH	5 /	REG. NO.	ed.		
ED	DEC	EASED NAME	FIRST		MIDDLE	Į.	AST	20. DATE OF		NTH DA	Y YEAR	2b HOUR
7	I (I AME)	OR PRINT)	John	S		Me	ade JR.	10.30	12-	23-87		10:30am
	3. SEX			4 RACE		S. DATE C		A AGE (INY	EARS LAST BIRTHD	-	UNDER) YEAR	IF UNDER 24 HRS
13		MALE		WHITE		MAY		68		YRS	NIHS DATS	HOURS MIN.
		THPLACE (STATE	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	- DAIENER WARRED D	9 BALTIMO	RE CITY OR		F DEATH	
1		VASH. D.C		U.S	. A.	WIDOWE	D NEVER MARRIED	Ca	lvert	Count	У	MD
6		TY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		OCCUPATION			F BUSINESS OR
7	Pr	ince Fre	derick	Calve	ert Memor	ial H	ospital		FIRE		D.C.	GOV'T.
5.7	USU A 130. S	L RESIDENCE (IF N	URSING HOME OR		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	In STREET	ADDRESS / Z	ID CODE		
5	190. 0	Md.	CALV		NORTH BE		YES IN NO	9129		VE.		20714
7	I FA	THER'S NAME		L. Carrier			15. MOTHER'S MAIDEN NA	ME				
14	!	JOHN	S	AIDDLE	MEADE	SR.	V.	MAUD	MIDDLE	p	EARSON	
1		AS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	MAGOD	ADDRESS			TY CT.
	(4	YES		WAR OR DATES)	577-03-7	351	JACQUELINE	TANIS	P	RINCE		RICK, Md.
ı			ATH (Enter on	u non cours Day	line for (a), (b), and		,				APPROX	MATE INTERVAL
ч		PART I. DEATH	WAS CAUSE	BY:	Cord	- /	respicator	9//85	1		BE I WEEK	ONSET AND DEATH
			IMMEDIAI	E CAUSE (a)	(4,011	-/-		- /				
25				DUE TO, O	R AS A CONSEQUE	NCE OF	: 1/1	6:1				
		Conditions, if a		(b)	long	15 FIC	15 NOST	Pally1	_		-	
		couse (o), sto	ting the	DUE TO, O	R AS A CONSEQUE	NCE OF	1/	0: -			1	
		underlying co	ise lost.	((c)_	(0/0	nary	1+1 H-y	Disce	50			
1	~	PART 2 OTHER S	GNIFICANTO	ONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASI	OR CONDIT	ION GIVEN	IN PART III	0
4	CERTIFICATION											
21	CA	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTO			WERE FINDING CAUSES	OF DEATH?
	RTIF							YES 🗌	NON	YES		NO 🗌
3		21a. ACCIDENT WAS	_	21b. TIME C	OF INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IF	NITEM IS PAR	T OR PART 2)	
71	CAL	OR CONTRIBUTING		117	M.	19						
	MEDICAL	21d INJURY OCC			OF INJURY		211 LOCATION		CITY OR TOWN		COUNTY	STATE
	×	WHILE NOT	WHILE O	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC)	SINCET		4			2744
				al) offended th	ne deceased from_		2/2/ 1981	to	12/23	. 19	87	that (1) (me) last
		sow the dece	osed alive on.	12	173 19	87 .01	nd that in (my) (our) opinion	death occurre	d on the date	and hour a	and from the	causes stated
		225 SIGNATURE	(did) (did not	view the body	atter death	_	DEGREE			-	III. DATE	SIGNED :
1		M	11	11.1	1/	MI	ATTENDING	MEDICAL	STAFF		19	12100
4		C/FSA	W4 11	1 wyw	nu_	1.17		DIRECTOR	PHYSICIAL	иП	14	18/00
/1	ŭ.	22d PHYSICIAN'S	NAME / TYPE OF	R PRINT)			22e ADDRESS		4.	. ~		
		M.	hust	ner			Prince F	ederi	CKIL	10	206	78
		URIAL, CREMATIO	N, REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCA	TION		COUNTY	STATE
		BURIAL		12-28-	1987 F	T. LI	NCOLN CEMETER	RY BRE	NIWOOD		G.C.	Md.
	24 FL	NERAL DIRECTOR					250-DA	TERECO BY R	EGISTRAR 25	REGISTRA	AR'S SIGNAT	wall

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN The low

attending physician.

CHAMBERS CO.

FOR - STATE

RIVERDALE, Md. 2073 DEU 3 0 198/

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1770 103	Ten.	to the state of				
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MT03	- OV	YE SHE		ARREA 1688	1 - 4-A	COLL IN
				. RB ROTH		LEG .
	e los					
6. 0.			PERMINE		you are due up to	
		Care Contract	3 - 3			
		12.5	N. S. W.			
		area.				
La Pille A. A.						
13/3/38	77					
IL ESTATION.	E STY	Anicos:				C.D. M.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	11
REG.	NO.

ı	87	REGISTRAR				CERTIF	ICATE OF DEATH	0 1	REG. N	0.		
1		EASED NAME	FIRST		MIDDLE		LAST	26 DATE C	F DEATH		DAY YEAR	26 HOUR A
1	(TIPE C	OK PKINT)	Susan		s.	Mor	row	Decer	mber 1	.3, 1	987	10:30 M
Ì	3. SEX			4. RACE		5. DATE O		6 AGE IN	YEARS LAST BIR	THDAY)	MONTES DAYS	IF UNDER 24 HRS
4	5	Female		Wh	ite	Apri		2	9	YR5.		HOURS MIN.
1	To. BIR	THPLACE ISTATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D 🗵 NEVER MARRIED				TY OF DEATH	
1		ew York		United	States	WIDOW		Calv	ert Co	ounty		MD.
-	10 CIT	Y OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL	OCCUPATI	ION	12b. KIND C	OF BUSINESS OR
d	Or	wings			sy Street				ewife		Own He	ome
4	USUAL 13a. ST	L RESIDENCE (# P	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	113e STREET	ADDRESS	/ 71P COI	DF	
	Ma:	ryland		vert	Owings		YES NOXX		Easy			736
J	14 FAT	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE		IAS	
4		James			Starrs		Vera		MINDEL		Boo	
I		AS DECEASED EN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRI	SS		
L	(10	No	(11 123, 011	Transfer dates	081-52-	2567	Robert C. M	orrow,	Sam	e as	13	
I		18 CAUSE OF DE	EATH (Enter or	nly one couse per	line for (a), (b), on	d ICID					APPROX BET WEEN	MATE INTERVAL ONSET AND DEATH
ı		PARI I. DEAIR	H WAS CAUSE	TE CAUSE (0)	KESOIL	TORL	1 FAILURE				2	UOWTHS
I				DUE TO, O	R AS A CONSEQUE	NCE OF						,
I		Conditions, if		((b)_	METAST		BRESST CAN	cer_			11/-	2 4945
ı		gove rise to couse (o), st	oting the	DUE TO, O	R AS A CONSEQUE	NCE OF						1
ı		underlying co	ouse lost.	((c)_				7227				
1		PART 2 OTHER S	GNIFICANT	CONDITIONS CO	DNTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEA	SE OR CON	DITION G	IVEN IN PART 10	0.
4	5											
	CERTIFICATION	198 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?		ES, WERE FINDING CAUSES	
1	=							YES 🗌	NOX		YES [NO 🗆
ĺ		216. ACCIDENT WAS		1100100 0		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJU	RY IN ITEM IS	B PART I OR PART 2)	
ı	S L	LIFEITHER NOTIFY	MEDIC AL EXAMINE	P.		19						
ı	MED	21d INJURY OCC		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC 1	211 LOCATION STREET		CITY OR TO	hwN	COUNTY	STATE
ı	- 1		WORK			,	10,	De	Combo	× 13	0.7	
1	1		t (I) (this hosp eased alive on		e deceased from		/86 , 19		cembe			that (I) (we) lost
1				ot) view the body	ofter death		nd that in (my) (our) apinion	deoin occurr	ed on the d	ole ond he		
١		228. SIGNIAITIKE	10	11. 1		TA	DEGREE ATTENDING	MEDICAL	STA	FF	22¢ DATE	SIGNED
4		22d. PHYSICIAN	ruck	-Vice			PHYSICIAN		PHYSIC		W	COF
1	ľ	M. PHISICIANG	D VE	DR PRINT)			27e ADDRESS	D.TM	0 27	HECO	A Danie	e 1.1 1.1
1		7.	L VCI	10M						ונוטו	A Bern	JODT MI).
-	230 BU	JRIAL, CREMATIC	ON, REMOVAL			NAME OF C	CEMETERY OR CREMATORY	23d LOC	Y OR TOWN		COUNTY	STATE
1	24 511	Buria		12-17-			National Cemete	/	verto		New York	
		NERAL DIRECTOR	Gla		neral DORHOI		173/3	1 6 40	O7	256. REGI	STRAR'S SIGNAT	URE
1	10:	2-03 Met	ropoli	tan Aver	ue, Fores	st Hi	lls, NY	1013	01 0			2

102-03 Metropolitan Avenue, Forest Hills, NY

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial. MAPORTANT: If Item 21 is marked or Item 18 shaws any injury, or a TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

(,)	4	1	Q	
G. NO. TH MONTH	DAY	YEAR	26 HOU	R
12	09	87	0503	M AS
AST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
YRS.	MONTHS	DAYS	HOURS	MIN,
ITY OR COUNT	Y OF DE	ATH		
alvert	Coun	t.v.		MD.
JPATION	12b.	KINDO	F BUSINE	SS OR

injury, or other traumatic

completely filled in TO-FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please removered with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or retained by the haspital ar

Burial 24 FUNERAL DIRECTOR

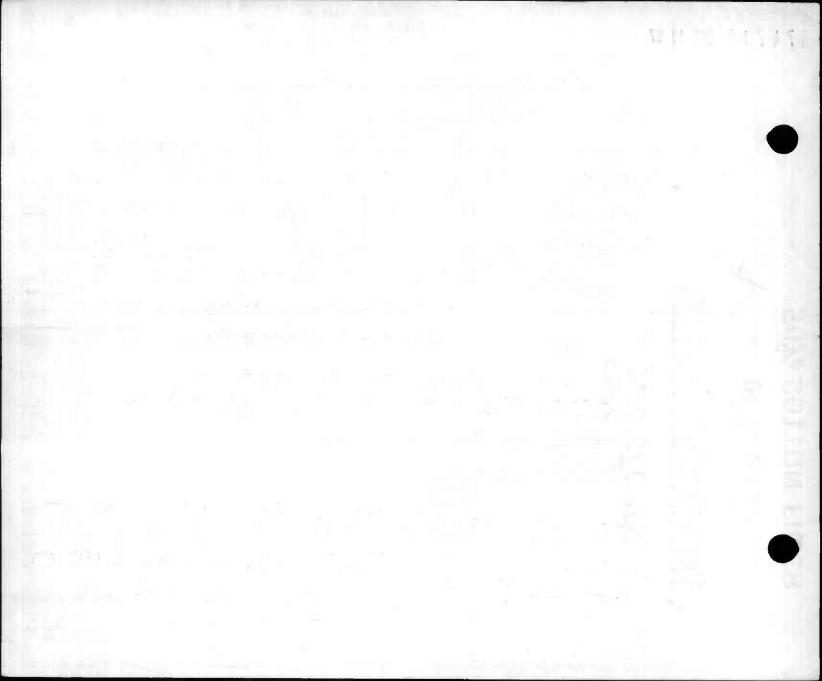
Owings, MD

167 FOR STATE REGISTRAR

BP DHMH - 16 50M 1/81 (VRA 15, 4)

	DECEASED NAME	FIRS!	MIDDLE	t-	AST		20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
Г	TYPE OR PRINT)	lorence	Vance	C -2	inders			10 0	19 87	05000 4	
1	SEX	1. RACE		S. DATE C		-	AGE (IN YEARS LAST BI		9 87	FUNDER 24 HRS	
ľ				MONTH	DAY	YEAR			ONTHS DAYS	HOURS MIN,	
Į,	Female	White	OF WHAT COUNT	02	20	99	. BALTIMORE CITY O	YRS.	DEDEATH		
1"	COUNTRY)	OREIGN /B. CITIZEN		MARRIE	D NEVERMAR	RIED "	BALTIMORE CITT	ZK COOKITI C	// DEATH		
L	Calf		USA	WIDOWE	- Inner	CED 🗌	Cal	vert Co	unty.	MD	
110	CITY OR TOWN OF DEA		OF HOSPITAL, NUF		OR OTHER INSTITU	TION	12a USUAL OCCUPAT	OF WORKING LIFE)		OF BUSINESS OR	
	Pr. Frederic	k, Ca	lvert Mem	orial H	ospital		Housewi:	Ee			
1	SUAL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITU 13b. COUNTY	13c. CITY OR T		13d. INSIDE CITY	LIMITS? 1	3e. STREET ADDRESS				
Г	MD	Calvert		eake Bch			5000 Vall	ey Driv	re/207:	32	
Ī	FATHER'S NAME		-		15 MOTHER'S MA						
	George W.	Mance	LAST		Susann		MIDDLE	Alexa	ander 'A	ST	
1/	WAS DECEASED EVER		S? TIM SOCIALS	ECURITY NO	17. INFORMANT		5 CHOPK	E%alley			
Г	I YES, NO OR UNKNOWN)	IN YES, GIVE WAR OR DATE	SI			T-7 37-		. Beach		20732	
L	no	n/a	570 24	2590	Wendell	. W. Vo	ince ches	. Deaci			
ı	PART I. DEATH W	H (Enter only one couse	- (ond (c).)			. 1		BETWEEN	RIMATE INTERVAL LONSET AND DEATH	
ı		IMMEDIATE CAUSE (0	CWS	(10 PU)	mona-	7 9	rrut				
L		DUE TO	OR AS A CONSE	OUENCE OF		1					
L	Conditions if any	Conditions, if ony, which (1b) Streptococal promonin.									
L	gove rise to imn	gove rise to immediate									
ŀ	couse (a), statin underlying couse	g the DUETO	O, OR AS A CONSE	QUENCE OF							
		lc									
ı		IFICANT CONDITION	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	HE IEKWIN	O . IL DIS	WILLIAM GIVE	1 .	0	
ł	19a DATE OF OPERAL	1	NDITION FOR WH	ICH OBERATIO	NI WAS DEDECTORAL	ED	200 AUTOPSY?	Tank IF YES	WERE FINDS	NGS LISED	
1	DATE OF OPERAL	178. CC	INDITION FOR WIT	IICH OFERATIO	WAS PERFORM	LU		IN CERTIFY	ING CAUSES	S OF DEATH?	
1	E				1		YES NO	YES		но 🗌	
	OR CONTRIBUTION C	110110	E OF INJURY	DAY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RT I OR PART 2)		
L	I IF EITHER NOTIFY MEDIC		P.M.	19							
L	IF EITHER NOTIFY MEDIC 214 INJURY OCCURR		CE OF INJURY		211 LOCATION		CITY OF T	OWN	COUNTY	STATE	
ı	WHILE NOT WH	N.E.	E, STREET, FACTORY, OFF	ICE, FARM, ETC.)	STALL		-				
ı		(this hospital) attende	d the deceased fro	m 12	>	10 97	10 129	1	00)	that (I) De lost	
ı					nd that in my) (ou	r) opinion de	eath occurred on the c	dote and hour	and from the		
L	27h SIGNATURE	d offee on	ody after death.		DEGREE		1 19 5 1			E SIGNED	
I	THE SIGNATURE	_				MINION	MEDICAL STA	AFF	III. DAIL	SIGNED	
Į	V				PHY		DIRECTOR PHYS		14	1765	
	224. PHYSICIAN'S ON	ME (TYPE OR PRINT)	Rosi		22# ADDRESS	1					
I	Charles	Judge M D			Dwi	nco Ex	nodowick !	Marylan	4		
12	30 BURIAL, CREMATION,			73c NAME OF C	EMETERY OR CRE	MATORY	234 LOCATION	ary idn	46	-	
ľ	ISPECHY) Buria		4-87		ills Mem.		CITY OF TOWN	, re	COUNTY	Calf.	
2	1 FUNERAL DIRECTOR					250 DATE	Whittie	RISS REGISTR			
ľ	MARKE	0	ADDRE			IDEC	1 0 1987	שמשינה שניי	Md Sov	Marian	
1	Rausch FH	Owings,	MD 2073	6			- 0 1001	A			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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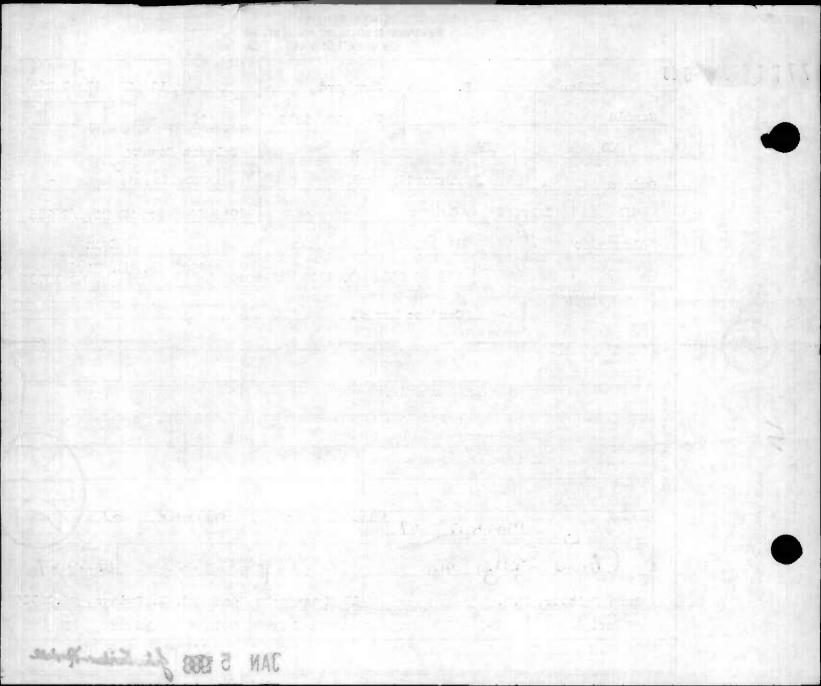
	1	FOR STATE REGISTRAR		DEPARTM		H AND MENTAL HY	GIENE /	REG. NO.	5 4 1	7
-6	I DE	CEASED NAME FIRST	MIDDI	LE .	LAST		20. DATE OF D	EATH MONTH	DAY YEAR	2b HOUR
. 0	3. SE	Helen	4 RACE		Sheph S. DATE OF BIR		6 AGE (IN YEAR	12	28 87 If UNDER 1 YEAR	7:26p M
		Female	white		MONTH 7	30 1888		99 YRS	MONTHS DAYS	HOURS MIN
21	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA		8 MARRIED	NEVER MARRIED	9 BALTIMORE	CITY OR COUN		
		ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING	ORESSI	DIVORCED [120 USUAL OC	ert Coun CUPATION OR MOST OF WORKING USEWIFE	12b KIND C	MD. OF BUSINESS OR
The second	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR MD Ca.	other institution Give 134 Lvert	RESIDENCE BEFORE A CITY OR TOWN Owings	13d. YE:	INSIDE CITY LIMITS?		DRESS Southern	MD Blvd	/20736
ekamin	14 F.	Alexander	MIDDLE W.	ilkinson		AOTHER'S MAIDEN N Eleanora		MIDDLE	Ryan	it
dicol		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECUR	ITY NO 17 I	NFORMANT		ADDRESS 6905 So.	Md Bly	rd
- China		no	n/a	220 44 8	3569 01	cville Will	kinson	0	wings, M	D 20736
motic event, #		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	D BY- E CAUSE (a)(Arrest				BETWEEN	MATE INTERVAL ONSET AND DEATH
or other trau		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	(c)	a Consequen						
njury,	Z	PART 2 OTHER SIGNIFICANT	ONDITIONS <u>CONT</u>	RIBUTING TO DE	ATH BUT NOT	RELATED TO THE TER	MINAL DISEASE C	OR CONDITION G	EIVEN IN PART 10	
No Sono	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH C	PERATION WA	S PERFORMED	200 AUTOPS	IN CER	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
Hem 18 sh		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M.	JURY MONTH DAY	YEAR 19	HOW INJURY OCCUI	RRED (ENTER NATUR	E OF INJURY IN ITEM 1	B PART I OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FAR	M ETC]	LOCATION STREET		ITY OR TOWN	COUNTY	STATE
n 21 is mo		220 I certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did na	attended the de	r death.	, and tha	t in (my) (our) opiniar	, 10	en the date and h		that (1) (we) last causes stated
f Item 2		226. SIGNATURE	1.0		DEGR		MEDICAL	STAFF	22c. DATE	SIGNED
MPORTANT: #		224. PHYSICIAN'S NAME (TYPE O	R PRINT;	my	22e	ATTENDING PHYSICIAN ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN [12-2	9-87
MPO		Anne Spitzer,			19	Chesapeal	ke Beach	Rd. E.	Owings,	Md.20736
_		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12-31-		ME OF CEMET	ery or crematory ny UM Churc	23d LOCATIO	NC	lvert	MD STATE
/81	24 F	UNERAL DIRECTOR RAUSCH F	H Owings	, MD _{RESS} 20	736	25a DA	AN 5 C		STRAP'S SIGNAT	Andre
								-		

DHMH - 16 50M 1/81 (VRA 15, 4)

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should be detoched far use os the buriol-transit permit. Then with the State Dept. of Heolth and Mentol Hygiene prior to bi TO FUNERAL DIRECTOR: After this certificate hos by

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physi



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Male Caucasion 9-2-1923 16A 64 VRS 64 VRS			TPISTNAK.		CLKIII	ICAIL OI DLAIN	REG. N	O	
Abort I. RACE SOLITE OF BRITH December 8 1087 December 8 10	Ī			WIDDLE	· ·	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
The BrithPrace State of Brith Day Day TAB Day	1	-CITYPE !		Thout L.	То	10114	Dogombox	0 1007	0955 AM
Male Caucasion 9, 2-1923 64 **VESTAGE PROPERTY The CHIZEN OF WHAT COUNTRY THE CHIZEN OF WHAT COU	ı	1 SEX			S. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	R 1 YEAR OF UNDER 24 HRS
The Buttherace Inate decreases The Citizen Of What Country? Marked Never Married N	1		Male	Caucasion	9-2-	-1923 YEAR	64		DAYS HOURS MIN.
NEW YORK O CITY OR TOWN OF DEATH IT. NAME OF HOSSITUL, NURSING HOME OR OTHER INSTITUTION The USUAL OCCUPATION OF THE NAME T	1			76 CITIZEN OF WHAT COU	VTRY? 8	- O MENER WARRIED O	9 BALTIMORE CITY O		ATH
Prince Frederick Calvert Memorial Hospital Insurance Co. I	1		A CONTRACTOR OF THE PARTY OF TH	U.S.A.			Prince 1	rederic	k Co. MD.
Prince Frederick Calvert Memorial Hospital Insurance Co. Insurance	1	10 CI1	TY OR TOWN OF DEATH			PROTHER INSTITUTION			
St. Mary				Calvert Me	morial He	ospital	Insurance	e Co.	Insurance
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT POWER ADDRESS 167 SONG WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO. 17. INFORMANT POWER ADDRESS Attorney 18. CAUSE OF DEATH (Enter only one couse per line for ici, (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c). CORDES TIVE NEW TOWN AS CAUSED BY: IMMEDIATE CAUSE (c). CORDES TIVE NEW TOWN AS CAUSED BY: IMMEDIATE CAUSE (c). CORDES TIVE NEW TOWN AS CAUSED BY: IMMEDIATE CAUSE (c). CORDES TIVE NEW TOWN AS CAUSED BY: IMMEDIATE CAUSE (c). CORDES TIVE NEW TOWN AS CAUSED BY: IMMEDIATE CAUSE (c). CORDES TIVE NEW TOWN AS CAUSED BY: IMMEDIATE CAUSE (c). CORDES TIVE NEW TOWN AS CAUSED BY: IMMEDIATE CAUSE (c). CORDES TIVE NEW TOWN AS CAUSE OF DEATH? NO TOWN AS CAUSE	1	13n S	TATE DE COUI	NTY 13c CITY OF	RTOWN				rolette Ha ryland20622
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226 Certify that this hospital attended the deceased fram	1	MEC			OFFICE, FARM, ETC.)		CITY OR TO	WN CO	JNTY STATE
226. PHYSICIAN'S NAMI and other in the body after death 226. ADDRESS 227. And that in (my) (our) apinion death accurred an the date and hour and from the causes stated 228. SIGNATURE 228. SIGNATURE 229. ADDRESS 220. PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS	1		AT WORK		17/2	1/07	rds	10 6	7 13
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PHYSICIAN DIRECTOR PHYSICIAN 226. ADDRESS			22b. SIGNATURE		DATE SIGNED				
			(ax)	12/8/81					
Charles Judge, W.D. Prince Frederick, Maryland 20678			22 L DUVCICIANUC NIAME	DE THE ST		22e. ADDRESS			
	/		220. PHYSICIAN SNAMIJ						
	/		Charles Judge					land 20	678
Burial 12-10-198 Proveterans Cem Crownsvilld AA MD	/	- (Charles Judge	. 23b. DATE		EMETERY OR CREMATORY	23d LOCATION		
ROBERT S. BARRANCO DEC 1 1 1087 Julia Dardon Robert S. BARRANCO	/	Bi	Charles Judge SURIAL, CREMATION, REMOVAL SPECIFY Urial	23b. DATE 12-10-198	MD Ve	eterans Cem	23d LOCATION CITY OF TOWN	rilad P	AA MD

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG. NO.	
IAST	20. DATE OF DEATH MONTH DAY	-
Prieman	December 5 1987	

I DEC	CEASED NAME	FIDST		WIDDLE		AST	20 DATE OF I	EATH MONTH	DAY	YEAR	26 HOL	IP.
	OR PRINTI	Flore	ice Rur	ton Truem	an		Decemb		287		11:	P
3. SEX			4 RACE	con ildem	5. DATE C) E RIRTH		RS LAST BIRTHDAY)			IF UNDER	
				. 15° 1918°	69	YR	MONTHS	DATS	HOURS	MIN.		
To. BIRTHPLACE (STATE OF FOREIGN		OREIGN	Th CITIZEN OF	CITIZEN OF WHAT COUNTRY? 8			9 BALTIMOR	E CITY OR COU	NTY OF DI	EATH		
St. Leonard Baysid				MARRIED NEVER MARRIED WIDOWED DIVORCED			Calver				0.19	MD
				e Road, Long Beach		120 USUAL OF COURT	CCUPATION OF MOST OF WORKIN Stenogra	apher	Cal	r BUSINE	Co.	
130 S	AL RESIDENCE (IF NURS TATE ryland	13h COUN Calve	TY .	St. Leon	apmission) ard	13d. INSIDE CITY LIMITS?	Baysid	obress / zip c	Long	Bea	ch 2	:0685
	THER'S NAME rcy Whalan	d Bur	ton	LAST	W.	15. MOTHER'S MAIDEN NA Cora Mildred		WIDDLE		LAS		
No'	VAS DECEASED EVER		MED FORCES?	579-10-6		J. Scott Whi	tney, P	O Box 90	09, P	r. F	rede	rick
	18 CAUSE OF DEAT PART I. DEATH W	'AS CAUSE	y one couse per BY. E CAUSE (o)	han	en.	treleon	ALL:	10		APPROXI BETWEEN C	MATE INTE	DEATH
CERTIFICATION	PART 2 OTHER SIGN 19a DATE OF OPERA	NIFICANT C				NOT RELATED TO THE TERM	AINAL DISEASE	SY? 20b. IF	GIVEN IN			
E E			4	mon 1	neur	ward If	YES	NOO	YES [NO [
	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	In .		YEAR	21c. HOW INJURY OCCUR	YEU TENTERNATU	IRE OF INJURY IN ITEM	18 PART 1 OF	RPART 2)		
MEDICAL	214 INJURY OCCUR	310		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	Ŧ	CITY OR TOWN	1×7"	PINUC	ę	STATE
	220.1 certify that (1) saw the decease above, (1) (we) (s	ed olive on	-	5 19	750	d that in (my) (our) opinion	death occurred	on the date and	19i hour and I		that (1) (
	27b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							2	2c. DATE	SIGNED		
	220 PHYSICIAN'S NO.	TO C	de V	1111901	2-67	27e ADDRESS	Ken	reard				
	BURIAL, CREMATION,	REMOVAL	236 DATE	23€ №	IAME OF C	EMETERY OR CREMATORY	23d. LOC AT	ION R TOWN	COUN	VIV		STATE
Bu	irial		12-9-	1987 St.	Pau	ls UMC Cemete	ry Lush	v. Calve	rt. N	lamr	land	
24 FL	UNERAL DIRECTOR	Donal	d V. Bo	orgwardt		25a. DA1	E REC'D. BY RE	GISTRAR 256. REC	GISTRAR'S	SIGNAT	URE	
Rt	264, Box	34B, 1	Port Re	public, M	aryl	and 20678EC 1	1 1987	Allia	Dunder	n. Kan	dass	1

(VRA 15, 4)

indical possession of the contract of the cont

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20 DATE KNOWN TYPE OR PRINT ESTI-R FILES. HOURS STREET, Ray, Deloris Yhonnie DEATH MATED 12/13 87 1213P 19 4. RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED July 09 1932 DEAD 55 Female. Black. TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Maryland USA WIDOWED DIVORCED Calvert Co. D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Calvert Memorial Hospital Huntingtown House-Wife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13m STATE 13h COUNTY 113e STREET ADDRESS 13d. INSIDE CITY LIMITS? Calvert Maryland 4880 Solomons Island Rd. 20639 Huntingtown NOX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST Gaines =Eileen Scott Jones 164 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 10725 Castleton Turn LIF YES, GIVE WAR OR DATES 061-24-2689 Largo, Md 20772 Brad D. Ray CAUSE OF DEATH (Enter only one couse per line for (a), (b) on o APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN LIEM TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT FERMIT AFFEQUENTY, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGHER PENTINORE, MARYLAND, 21201 PRIOR TO BURIAN, CREMATION, OR REMOVALLED BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME: 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK COUNTY 22s I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Accident Hamicide Undetermined monner Natural Aduses JITLE (SPECIFY) ACTUAL Emad Al Banna EXAMINER'S NAME

07/84 25M **DHMH** - 17 (VR A15 ME (5)) 230 BURIAL, CREMATION, REMOVAL 236 DATE Buria1

(TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Huntingtown

STATE

17, 87 Patuxent Chr. Cem 24 FUNERAL DIRECTOR Spencer E. Sewell

1451 Dares Beach Rd. Prince Frederick, Md

Calvert 256 REGISTRAR'S SIGNATURE sind and Handalle

COUNTY

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